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SUBJECT: HIV INFECTION RATES CLIMBING IN HCMC -- NEARING
GENERALIZED EPIDEMIC LEVEL

1. Summary: On a visit to Ho Chi Minh City, Staffdel McCormick from the House Committee on International Relations met with local government officials and NGO partners involved in the city's fight against HIV/AIDS. Current estimates indicate that the infection rate in Vietnam is approaching one percent, a key measure of whether the disease is about to breakout into the general population. Damning statistics highlight the growing problem: 0.9% of pregnant women at the city's primary maternity hospital test HIV positive as do 3.4% of HCMC's military recruits. The staff delegation visited a USAID-funded anonymous testing and counseling center that opened in 2001, which only attracts two to three clients per day. Follow-on care available to individuals infected with HIV is extremely limited in Vietnam and infection is effectively a death sentence. End Summary.

Fear Epidemic Poised to Enter General Population

2. On January 3, 2004, a staffdel led by James McCormick, Staff Director of the House International Relations Committee's (HIRC) Subcommittee on Asia and the Pacific, met with officials from the Ho Chi Minh City AIDS Committee. Staffdel members attending were: John Walker Roberts, Deputy Chief of Staff, HIRC; Peter Yeo, Minority Deputy Chief of Staff, HIRC; and, Douglas Anderson, Counsel, HIRC Subcommittee on Asia and the Pacific. The AIDS committee, which is comprised of representatives of several city departments, is the last of its kind in Vietnam. In mid-2003 the GVN restructured its response to the HIV/AIDS epidemic and replaced all other provincial level HIV/AIDS Committees with the Ministry of Health as the lead agency at both the provincial and national level. In HCMC, however, the AIDS Committee has been able to reach across departments for a more coordinated approach.

3. A detailed briefing by Dr. Tran Thinh, Project Coordinator of the city's AIDS Committee, highlighted the growing HIV/AIDS problem in the city. According to the committee's statistics, 0.9% of pregnant women at the city's primary maternity hospital test HIV positive, as do 3.4% of the city's new military recruits. This is more than double the national average. In the city's primary treatment center for TB and Lung disease, 1216 patients were HIV positive or sick with full-blown AIDS. This number has increased every year and was only 165 in the year 2000. Dr. Thinh noted that trends of infection showed that the new cases were getting younger, and the disease was increasingly common among women. He stated that the highest prevalence for HIV was among intravenous drug users (heroin), but was increasing among commercial sex workers. The big news, however, was that Thinh stated that the disease is apparently making the jump from high-risk groups to the population at large. Both Dr. Thinh and NGOs say that the infection rate is probably between one half and one percent of the overall population in Vietnam, and higher in Ho Chi Minh City. A one percent infection rate is the point at which the spread is considered a "generalized" as opposed to a concentrated epidemic. Every testing category, from military recruits to pediatric patients and from sex workers to pregnant women, is marked by an increase in prevalence.

No Treatment for HIV/AIDS

4. Dr. Thinh provided a window on the grim fate faced by those that develop AIDS in HCMC. Basically, anti-retroviral drugs are not available to the general population. They are simply too expensive. According to Dr. Thinh, the only anti-retroviral therapies subsidized by the government are limited to health-care providers exposed in the course of their duties. The health care system is only providing treatment of opportunistic infections associated with AIDS and palliative care.

5. In Dr. Thinh's words, he is "fighting a war with no soldiers, no supplies, and no strategy." Trained healthcare workers are in short supply and the most effective therapies are in even shorter supply. The nation spends only six cents per capita per year on HIV/AIDS, according to Dr. Thinh. As for strategy, the HCMC AIDS Committee seems to understand that careful planning and coordinated action are key to countering the spread of the disease. At this point, however, he noted that it is difficult for HCMC to take action without more policy guidance and material assistance from the central government. Just the same, he said that even with the city's resource constraints, it was placing particular emphasis on testing and education, beyond the simple scare messages found on billboards nationwide. He indicated the

city was starting to provide some information to fifth graders (twelve year olds), since a lot of at-risk students left school after that. Part of the overall effort is a USAID-funded anonymous testing center. In addition, USAID will be funding a new HIV/AIDS prevention program for high risk groups in HCMC.

USAID Funds Anonymous Testing - 28% Positive

16. Following Dr. Thinh's briefing, the staff met with program staff at the USAID-funded Anonymous Testing Site (ATS) in Binh Thanh District. The ATS opened in November 2001 with funding and technical assistance from the University of California at San Francisco. Currently, the ATS receives approximately 30,000 USD per year from USAID via Family Health International (FHI). The ATS program, located above a 'Condom Caf' on a busy street in a mixed commercial/residential area, is modeled after HIV testing in the U.S. This model affords clients anonymity in the testing process and professional counseling, both before and after the test.

17. The center currently sees only about 80-100 individuals every month. Most are in their twenties, and men outnumber women two to one. Most admit to at least one high-risk activity such as IV drug use, participation in the commercial sex trade, or unprotected sex. Of those that walk in the door, 90% decide to have the test that day and 84% of those tested actually return for the results. Approximately 28% of ATS clients test positive for HIV. Post-test counseling for ATS clients includes counseling on future behavior and medical referral.

18. The first floor of the building that houses the ATS is a 'Condom Caf.' In addition to the typical fare of coffee and pop music, this caf's employees, all the beneficiaries of HIV/AIDS peer educator training, dispense literature on risky behavior as well as condoms. The caf, reportedly popular with local youth, was founded by a French NGO but has since passed to the control of district health officials who operate and fund it.

19. The ATS program staff stated that they would like to expand the center's services to include U.S.-style support groups for those that test positive for HIV. They also talked about the value of expanding the advertising campaign to increase the number of individuals taking advantage of the center's testing services. According to an American physician working with the ATS, an estimated 50-75% of Vietnamese infected with HIV are unaware of their status.

110. Comment: Without effective drug therapies available to the general population and without testing in meaningful numbers, the committee must find new resources, build capacity, and redouble its public awareness campaigns if it is to make any kind of headway.

111. Staff del McCormick did not have an opportunity to clear this cable before their departure.

YAMAUCHI